

## HCBS Settings Heightened Scrutiny Validation Interview Tool Individual Receiving Services

**Provider Name/Provider ID:**

**Site Name/Site ID:**

Individual interviewed:		Others who participated in interview (e.g. supports for individual interview):	
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The purpose of this interview is to get feedback from individuals like you, who receive Medicaid HCBS Waiver Services, about your experience receiving services and supports. The feedback you provide will not affect the services you receive in any way. This interview is voluntary and you can choose to stop the interview at any time.

We have several people that are participating in this process today. I will be the person asking most of the questions, but at times someone else here will ask an additional question if that is okay. This is to ensure we are understanding you and what is important to you. Would you be more comfortable with the cameras on so you can see everyone or would you prefer that we turn the cameras off for everyone that is not talking?

Introduction: “Community” as referenced in the settings rule refers to the greater community and not solely a community of one’s peers (others you receive services with). The greater community is the town, city, or area you live, work, and play in. Community integration also means more than integration with peers who also receive services with you. Integrated settings encourage interaction with people who do not have disabilities.

#	Indicator Question	Scale	Follow-up questions	Comments/Notes Document any time there is a modification or restriction involved.
1	What are you doing today at <b>(enter name of program)</b> ?	N/A: Intro question	N/A	This is a standard question
2	Do you get to do activities outside of the building?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● Where do you go?</li> <li>● What types of things do you do?</li> <li>● How often do you get to do these things?</li> <li>● How do you get to these activities (e.g. bus, staff, etc.)?</li> <li>● Do you get to choose these activities?</li> <li>● Who do you interact with in the community?</li> </ul>	This is a standard question
3	Do you choose which activities you participate in?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● What type of activities do you do here?</li> <li>● Do you have to participate in activities that you don’t want to?</li> <li>● What are some activities that are important to you or that you really enjoy?</li> <li>● Are there activities that are important to you that you that you would like to do more of?</li> </ul>	This is a standard question

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4	Do you get to help make the schedule?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● How do you help make the schedule?</li> <li>● What happens if you do not want to do what is on the schedule?</li> </ul>	This is a standard question
5	Are you able to learn new things when you are in the community?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● What types of things do you learn?</li> <li>● Is there anything you would like to learn that you haven't?</li> </ul>	This is an example of a setting specific question
6	Do you do activities that will help you get a job?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● Would you like to have a job?</li> <li>● Does <b>program name</b> help you find a job?</li> <li>● Do staff ever talk about jobs when in the community?</li> </ul>	This is an example of a setting specific question
7	Are you able to give input on the menu options?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● Have you filled out a resident survey asking about your favorite food and meals?</li> </ul>	This is an example of a setting specific question
8	Can you sit anywhere in the dining room?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● Do you attend cooking classes in a home? Do you live in the home? If yes, do you mind having classes in your home?</li> <li>● What classes have you attend?</li> </ul>	This is an example of a setting specific question
9	Are you able to lock your bathroom door?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response		This is an example of a setting specific question
10	Do you have access to food at any time?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● ● Are there snacks available?</li> <li>● ● When and where are the snacks?</li> <li>● ● Are you able to buy and keep your own food in your room?</li> <li>● Are you able to make your own meal if you choose to?</li> </ul>	This is an example of a setting specific question
11	Are you able to get assistance with bathing when you want to?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● Do you have a set schedule?</li> <li>● If you want to change the schedule, can you?</li> <li>● If you choose not to bath at your scheduled time, do you have to wait until your next scheduled time?</li> </ul>	This is This is an example of a setting specific question

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12	Are you able to prepare your own meal if you chose to?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● Do you have a fridge and microwave in your room?</li> <li>● Is there a fridge and microwave that can be used in a common area?</li> </ul>	This is an example of a setting specific question
13	Do you attend classes in the community?  (art, cooking, exercise, etc.)	<input type="checkbox"/> Yes, always <input type="checkbox"/> Only sometimes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● Do you have a fridge and microwave in your room?</li> <li>● Is there a fridge and microwave that can be used in a common area?</li> </ul>	This is an example of a setting specific question
14	Do you have any restrictions or rules that you have to follow when you are here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear or no response	<ul style="list-style-type: none"> <li>● What is the restriction or rule?</li> <li>● Do you understand why it is in place?</li> </ul>	This is a standard question
15	What is your favorite thing about coming to <b>PROGRAM NAME</b> ?	N/A: Closing question	N/A	This is a standard question

Other Comments/Notes:	
Concerns Identified:	

Interview completed by:		Date of interview:	
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